DECT AMMINDIE CODY.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

4 956 -4

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY								
TOTAL CLAIMS			5				ſ	RATE	FEE		RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOTAL CHARGEABLE CLAIMS			minus 20=		· \$\delta_{\chi}\$			X\$ 9=		OR	X\$18=								
INDEPENDENT CLAIMS			) minus 3 =		•		ı	X40=	-	OR	X80=								
MULTIPLE DEPENDENT CLAIM PRESENT					·	<u>'                                    </u>	Ī	+135=		OR	+270=								
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL	355	OR	TOTAL								
CLAIMS AS AMENDED - PART (Column 1) (Colum						(Column 3)		SMALL E		OR	OTHER SMALL E								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	AUTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=								
Ш	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=								
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE								
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	•	Minus	••	٠	=		X\$ 9=		OR	X\$18=								
	Independent	·	Minus	•••	T CL AINA	=		X40=		OR	X80=								
<u></u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		' [	+135=		OR	+270=								
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE								
		(Column 1)			mn 2)	(Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	*	Minus	••		=		X\$ 9=		OR	X\$18=								
	Independent	·	Minus	PENDEN	T CL AIRA	<u> -</u>	╽╽	X40=		OR	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						<b>!</b>	+135=		OR	+270=								
	If the entry in colu	mn 1 is less than t	he entry in colu	umn 2, writ	te "0" in co	lumn 3.	. L	TOTAL		OR	TOTAL								
***	If the "Highest Nu	mber Previously P	aid For IN TH	IS SPACE	is less the	an 3, enter "3."	•	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											